

CLAIMS ONLY							Application Number <u>10/709259</u>	Filing Date
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Applicant(s)	
	Indep	Depend	Indep	Depend	Indep	Depend		
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Total Indep	/							
Total Depend	3							
Total Claims	4							

\* May be used for additional claims or amendments

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